

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| J.P.E. CLASSIFIER         |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 10       | 7/24/03 |
| 11       | ✓       |
| 12       | ✓       |
| 13       | ✓       |
| 14       | ✓       |
| 15       | ✓       |
| 16       | ✓       |
| 17       | ✓       |
| 18       | ✓       |
| 19       | ✓       |
| 20       | ✓       |
| 21       | ✓       |
| 22       | ✓       |
| 23       | ✓       |
| 24       | ✓       |
| 25       | ✓       |
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| 33       | ✓       |
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| 35       | ✓       |
| 36       | ✓       |
| 37       | ✓       |
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| 42       | ✓       |
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| 95       | ✓       |
| 96       | ✓       |
| 97       | ✓       |
| 98       | ✓       |
| 99       | ✓       |
| 100      | ✓       |

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 10       | 7/24/03 |
| 11       | ✓       |
| 12       | ✓       |
| 13       | ✓       |
| 14       | ✓       |
| 15       | ✓       |
| 16       | ✓       |
| 17       | ✓       |
| 18       | ✓       |
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| 100      | ✓       |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
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| 150      |      |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)